Image# 14941778696 PAGE 1 / 34

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

		'	or other	THAIT AIT AU	1111011260	Committee			Office Us	se Only	
1.	NAME C	PF TEE (in full)	TYPE OR F	PRINT ▼		mple: If typing the lines.	ng, type	12FE4	lM5		
, T	EXAS S	SPINE AND JO	DINT HO	SPITAL PA	AC						
Ш											
ADI	DRESS (n	umber and street)	1814 RO	SELAND BLVD							
Ė	Cho	ck if different									
L	than	previously orted. (ACC)	TYLER					TX	75701		
2.	FEC IDE	ENTIFICATION NU	MBER ▼	C	ITY 🛦			STATE A		ZIP COD	E 🛦
	C	00437525			IS THIS REPORT		NEW (N) OR		AMENDED (A)		
4.	TYPE (OF REPORT One)	(b) Mon Rep Due	ort On:	b 20 (M2) ar 20 (M3)		May 20 (M5) Jun 20 (M6)		Aug 20 (M8) Sep 20 (M9)	H	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
	(a) Quarterly Reports:				· 00 (M4)	H	II. 00 (MZ)	H	Oct 20 (M10)		(Non-Election Year Only)
	П	April 15 Quarterly Report (Q		Ap	or 20 (M4)	Ш	Jul 20 (M7)		Oct 20 (M10)		Jan 31 (YE)
	×	July 15 Quarterly Report (Q	(c)	12-Day PRE-Election		Primary (12F		-	eral (12G)	I	Runoff (12R)
	П	October 15 Quarterly Report (Q3	2)	Report for the:	ш	Convention ((120)	Spec	cial (12S)		
		January 31 Year-End Report (YE		Elect	ion on	M = M /	D D /	Y Y Y	Y	in the State of	
		July 31 Mid-Year Report (Non-election Year Only) (MY)	(d)	30-Day POST-Election Report for the:		General (300	G)	Run	off (30R)		Special (30S)
		Termination Report (TER)		•	ion on	M = M /	D D /	Y Y Y	Y	in the State of	
5.	Covering	Period 04	/ 01	2014	Y	through	M M	30	20	14	
l ce	ertify that I	have examined this	s Report a	nd to the hest o	of my kno	wledge and	belief it is tri	ie. correc	t and comple	te.	
	-	Name of Treasurer	-	NY WAHL					- and comple		
Sigr	nature of [:]	Treasurer ANTH	ONY WAHL			[Electronicall	y Filed] [M M / D	D /	2014
NO ⁻	TE: Submi	ssion of false, errone	ous, or inco	omplete informati	on may sı	bject the per	son signing t	his Report	to the penalti	es of 2 U	S.C. §437g.
	Off Us	se							I .	FORING 12/200	
	_ Or	nly [

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

TEXAS SPINE AND JOINT HOSPITAL PAC

2014 06 30 2014 Report Covering the Period: 04 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 35099.94 January 1, 2014 (b) Cash on Hand at 26561.94 Beginning of Reporting Period..... 22456.00 11494.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 38055.94 57555.94 6(a) and 6(c) for Column B)..... 11500.00 31000.00 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 26555.94 26555.94 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

TEXAS SPINE AND JOINT HOSPITAL PAC

Re	eport Covering the Period: From: 04		: 06 30 2014			
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees					
	(i) Itemized (use Schedule A)	11328.00	17748.00			
	(ii) Unitemized(iii) TOTAL (add	166.00	4708.00			
	Lines 11(a)(i) and (ii)▶	11494.00	22456.00			
	(b) Political Party Committees	0.00	0.00			
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00			
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	11494.00	22456.00			
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00			
12	All Loans Received	0.00	0.00			
	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00			
16.	(Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00			
	to Federal Candidates and Other Political Committees	0.00	0.00			
	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00			
18.	Transfers from Non-Federal and Levin Funds (a) Non-Federal Account					
	(from Schedule H3)	0.00	0.00			
	(b) Levin Funds (from Schedule H5)	0.00	0.00			
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00			
19.	Total Receipts (add Lines 11(d),					
	12, 13, 14, 15, 16, 17, and 18(c))▶	11494.00	22456.00			
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	11494.00	22456.00			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: (a) Allocated Federal/Non-Federal		Calcillati Teal-to-Date		
Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
(I) A	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	0.00	0.00		
Expenditures(c) Total Operating Expenditures	0.00	0.00		
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00		
Transfers to Affiliated/Other Party	7			
Committees	0.00	0.00		
Contributions to Federal Candidates/Committees				
and Other Political Committees	11500.00	31000.00		
Independent Expenditures	0.00	0.00		
(use Schedule E) Coordinated Party Expenditures	0.00	0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
(use Schedule F)	7	0.00		
Loan Repayments Made	0.00	0.00		
Zodii Nopayinonio Mado				
Loans Made	0.00	0.00		
Refunds of Contributions To: (a) Individuals/Persons Other				
Than Political Committees	0.00	0.00		
Ē				
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	0.00		
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	0.00	0.00		
Other Disbursements	0.00	0.00		
_	, , , , , , , , , , , , , , , , , , , ,			
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6) (i) Federal Share	0.00	0.00		
(i) I ederal Share				
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely				
With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add				
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
T. (B) () () () () () () () () (
Total Disbursements (add Lines 21(c), 22,	4450000			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	11500.00	31000.00		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	11500.00	31000.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	11494.00	22456.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11494.00	22456.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	PAGE		6	OF	34				
(check only one)									
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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HO	OSPITAL PAC	
Full Name (Last, First, Middle Initial) TIMOTHY BECK Mailing Address 9132 CHEROKEE TRAIL		Date of Receipt
City TYLER FEC ID number of contributing federal political committee. Name of Employer SELF EMPLOYED Receipt For: Primary General Other (specify) ▼	State Zip Code TX 75703 C Occupation PHYSICIAN Aggregate Year-to-Date ▼ 400.00	Transaction ID : SA11AI.5819 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) TIMOTHY BECK Mailing Address 9132 CHEROKEE TRAIL City TYLER	State Zip Code TX 75703	Date of Receipt 05 27 2014 Transaction ID : SA11AI.5879 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer SELF EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date ▼ 500.00	100.00
Full Name (Last, First, Middle Initial) TIMOTHY BECK Mailing Address 9132 CHEROKEE TRAIL City TYLER FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 75703 C Occupation	Date of Receipt 05 28 2014 Transaction ID : SA11AI.5850 Amount of Each Receipt this Period
SELF EMPLOYED Receipt For: Primary General Other (specify) ▼	PHYSICIAN Aggregate Year-to-Date ▼ 600.00	300.00
TOTAL This Period (last page this line number	er only)	300.00

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE	7	OF	34
(check only one)									
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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HO	DSPITAL PAC					
Full Name (Last, First, Middle Initial) A. TROY CALLENDER Mailing Address 3413 GOLDEN ROAD		Date of Receipt				
City	State Zip Code	04 01 2014 Transaction ID : SA11AI.5822				
TYLER	TX 75701	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	70.00				
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00					
Full Name (Last, First, Middle Initial) TROY CALLENDER Mailing Address 3413 GOLDEN ROAD		Date of Receipt				
City	State Zip Code TX 75701	05 27 2014 Transaction ID : SA11AI.5882 Amount of Each Receipt this Period				
TYLER FEC ID number of contributing federal political committee.	TX 75701	Amount of Each Receipt this Period 84.00				
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 364.00					
Full Name (Last, First, Middle Initial) TROY CALLENDER		Date of Receipt				
Mailing Address 3413 GOLDEN ROAD		05 28 2014				
City TYLER	State Zip Code TX 75701	Transaction ID : SA11AI.5853 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	70.00				
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 434.00					
SUBTOTAL of Receipts This Page (optional)	•	224.00				
TOTAL This Period (last page this line numbe	r only)					

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	PAGE		8	OF	34				
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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT I	HOSPITAL PAC	
Full Name (Last, First, Middle Initial) A. AARON CALODNEY		Date of Receipt
Mailing Address 17909 CR 132		04 01 2014
City	State Zip Code	Transaction ID : SA11AI.5798
FLINT	TX 75762	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	196.00
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	784.00	
Full Name (Last, First, Middle Initial) 3. AARON CALODNEY		Date of Receipt
Mailing Address 17909 CR 132	05 27 _2014 _	
City	State Zip Code	Transaction ID : SA11AI.5859
FLINT	TX 75762	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	235.00
Name of Employer SELF EMPLOYED	Occupation	-
Receipt For:	PHYSICIAN	_
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1019.00	
Full Name (Last, First, Middle Initial) C. AARON CALODNEY	·	Date of Receipt
Mailing Address 17909 CR 132		05 28 2014
City	State Zip Code	Transaction ID : SA11AI.5830
FLINT	TX 75762	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	196.00
Name of Employer	Occupation	1
SELF EMPLOYED	PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1215.00	
SUBTOTAL of Receipts This Page (optiona)	627.00
TOTAL This Period (last page this line num	ber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	PAGE		9	OF	34				
(check only one)									
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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HO	SPITAL PAC	
Full Name (Last, First, Middle Initial) JOHN CAMP Mailing Address 606 CUMBERLAND ROAD		Date of Receipt
City	State Zip Code	04 01 2014 Transaction ID : SA11AI.5817
TYLER FEC ID number of contributing	TX 75703	Amount of Each Receipt this Period
federal political committee. Name of Employer	Occupation	
SELF EMPLOYED Receipt For:	PHYSICIAN Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	572.00	
Full Name (Last, First, Middle Initial) 3. JOHN CAMP		Date of Receipt
Mailing Address 606 CUMBERLAND ROAD City	State Zip Code	05 27 2014
TYLER	TX 75703	Transaction ID : SA11AI.5877 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	171.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 743.00	
Full Name (Last, First, Middle Initial) . JOHN CAMP		Date of Receipt
Mailing Address 606 CUMBERLAND ROAD		05 28 2014
City TYLER	State Zip Code TX 75703	Transaction ID : SA11AI.5848 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	143.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 886.00	
SUBTOTAL of Receipts This Page (optional)	····	457.00
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	. 1	10	OF	34	
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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HC	SPITAL PAC	
Full Name (Last, First, Middle Initial) STUART CRUTCHFIELD Mailing Address 2066 CANBERRA COURT		Date of Receipt
City TYLER	State Zip Code TX 75701	04 01 2014 Transaction ID : SA11AI.5799 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	199.00
Name of Employer SELF EMPLOYED Receipt For:	Occupation PHYSICIAN Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	796.00	
Full Name (Last, First, Middle Initial) STUART CRUTCHFIELD Mailing Address 2066 CANBERRA COURT		Date of Receipt
City TYLER	State Zip Code TX 75701	05 27 2014 Transaction ID : SA11AI.5860 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	238.00
Name of Employer SELF EMPLOYED Receipt For:	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1034.00	
Full Name (Last, First, Middle Initial) STUART CRUTCHFIELD		Date of Receipt
Mailing Address 2066 CANBERRA COURT	Chata Zin On the	05 28 2014
City TYLER	State Zip Code TX 75701	Transaction ID : SA11AI.5831 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	199.00
Name of Employer SELF EMPLOYED Receipt For:	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1233.00	
SUBTOTAL of Receipts This Page (optional)		636.00
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE	NUMBER	: PAGE	11 OF	34				
(check only one)								
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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (IN FUII) TEXAS SPINE AND JOINT H	OSPITAL PAC	
Full Name (Last, First, Middle Initial) GUY DANIELSON Mailing Address 16950 FM 2661		Date of Receipt
	04 01 2014	
City	State Zip Code	Transaction ID : SA11AI.5800
FLINT	TX 75762	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	332.00	
Full Name (Last, First, Middle Initial) GUY DANIELSON		Date of Receipt
Mailing Address 16950 FM 2661		05 27 Y 2014
City	State Zip Code	Transaction ID : SA11AI.5861
FLINT	TX 75762	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00	
Full Name (Last, First, Middle Initial) GUY DANIELSON		Date of Receipt
Mailing Address 16950 FM 2661		05 28 2014
City	State Zip Code	Transaction ID : SA11AI.5832
FLINT	TX 75762	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	498.00	
SUBTOTAL of Receipts This Page (optional).	····	249.00
TOTAL This Period (last page this line numb	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	. ′	12	OF	34	
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or for commercial purposes, other than using t	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT H	OSPITAL PAC	
Full Name (Last, First, Middle Initial) ROBERT DENNIS Mailing Address 1008 WILDER WOOD		Date of Receipt
		04 01 2014
City	State Zip Code	Transaction ID : SA11AI.5801
TYLER	TX 75703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	181.00
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 724.00	
Full Name (Last, First, Middle Initial) 3. ROBERT DENNIS		Date of Receipt
Mailing Address 1008 WILDER WOOD	05	
City	State Zip Code TX 75703	Transaction ID : SA11AI.5862
TYLER		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	217.00
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 941.00	
Full Name (Last, First, Middle Initial) ROBERT DENNIS		Date of Receipt
Mailing Address 1008 WILDER WOOD		05 28 2014
City TYLER	State Zip Code TX 75703	Transaction ID : SA11AI.5833 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	181.00
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1122.00	
SUBTOTAL of Receipts This Page (optional).	····	579.00
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		13	OF	34	
	(check only one)									
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		13		14		15		16		17

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HO	DSPITAL PAC	
Full Name (Last, First, Middle Initial) A. PAUL DETWEILER Mailing Address 3635 CANYON CREEK CIR	CLE	Date of Receipt
City TYLER	State Zip Code TX 75707	04 01 2014 Transaction ID : SA11AI.5802
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer SELF EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) PAUL DETWEILER Mailing Address 3635 CANYON CREEK CIR	Date of Receipt 05 27 2014	
City TYLER FEC ID number of contributing federal political committee.	State Zip Code TX 75707	Transaction ID: SA11AI.5863 Amount of Each Receipt this Period 180.00
Name of Employer SELF EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date ▼ 780.00	
Full Name (Last, First, Middle Initial) PAUL DETWEILER Mailing Address 3635 CANYON CREEK CIR		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City TYLER FEC ID number of contributing federal political committee.	State Zip Code TX 75707	Transaction ID : SA11AI.5834 Amount of Each Receipt this Period 150.00
Name of Employer SELF EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date ▼ 930.00	
SUBTOTAL of Receipts This Page (optional)		480.00
TOTAL This Period (last page this line number	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	. 1	14	OF	34	
	(check only one)									
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		13		14		15		16		17

or for commercial purposes, other than using t	the name and address of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT H	OSPITAL PAC				
Full Name (Last, First, Middle Initial) A. KIM FOREMAN Mailing Address 107 BELMEAD LANE		Date of Receipt			
City TYLER FEC ID number of contributing federal political committee.	State Zip Code TX 75701	04 01 2014 Transaction ID : SA11AI.5818 Amount of Each Receipt this Period 66.00			
Name of Employer SELF EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date ▼ 264.00				
Full Name (Last, First, Middle Initial) 8. KIM FOREMAN Mailing Address 107 BELMEAD LANE		Date of Receipt 05 27 2014			
City TYLER FEC ID number of contributing federal political committee.	State Zip Code TX 75701	Transaction ID : SA11AI.5878 Amount of Each Receipt this Period 80.00			
Name of Employer SELF EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date ▼ 344.00				
Full Name (Last, First, Middle Initial) KIM FOREMAN Mailing Address 107 BELMEAD LANE City	State Zip Code TX 75701	Date of Receipt 05 28 2014 Transaction ID: SA11AI.5849			
TYLER FEC ID number of contributing federal political committee. Name of Employer SELF EMPLOYED Receipt For: Primary General Other (specify)	Occupation PHYSICIAN Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 66.00			
SUBTOTAL of Receipts This Page (optional).	er only)	212.00			

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HO	OSPITAL PAC						
Full Name (Last, First, Middle Initial) HOWARD GARB Mailing Address 3414 GOLDEN ROAD		Date of Receipt					
Maining Address 3414 GOLDEN KOAD		04 01 _ 2014 _					
City							
TYLER	TX 75701	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	64.00					
Name of Employer	Occupation						
SELF EMPLOYED	PHYSICIAN						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	256.00						
Full Name (Last, First, Middle Initial) HOWARD GARB		Date of Receipt					
Mailing Address 3414 GOLDEN ROAD		05 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State Zip Code TX 75701	Transaction ID : SA11AI.5883					
TYLER	TX 75701	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	77.00					
Name of Employer	Occupation						
SELF EMPLOYED	PHYSICIAN						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.00						
Full Name (Last, First, Middle Initial) . HOWARD GARB		Date of Receipt					
Mailing Address 3414 GOLDEN ROAD		05 28 2014					
City	State Zip Code	Transaction ID : SA11AI.5854					
TYLER	TX 75701	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	64.00					
Name of Employer	Occupation						
SELF EMPLOYED	PHYSICIAN						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	397.00						
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	205.00					
TOTAL This Period (last page this line numbe	r only)						

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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT H	IOSPITAL PAC						
Full Name (Last, First, Middle Initial) GARY GOODFRIED Mailing Address 19140 FALLS CREEK	GARY GOODFRIED						
City	State Zip Code TX 75762	04 01 2014 Transaction ID : SA11AI.5803 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	191.00					
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 764.00						
Full Name (Last, First, Middle Initial) GARY GOODFRIED Mailing Address 19140 FALLS CREEK		Date of Receipt 05 27 2014					
City FLINT	State Zip Code TX 75762	Transaction ID : SA11AI.5864 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	230.00					
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 994.00						
Full Name (Last, First, Middle Initial) CARY GOODFRIED	•	Date of Receipt					
Mailing Address 19140 FALLS CREEK		05 28 2014					
City FLINT	State Zip Code TX 75762	Transaction ID : SA11AI.5835 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	191.00					
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1185.00						
SUBTOTAL of Receipts This Page (optional)		612.00					
TOTAL This Period (last page this line numb	per only)						

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HO	SPITAL PAC						
Full Name (Last, First, Middle Initial) CHARLES GORDON Mailing Address 7302 HOLLYTREE DRIVE	CHARLES GORDON						
City							
TYLER	TN 75703	Transaction ID : SA11AI.5804 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	203.00					
Name of Employer	Occupation						
SELF EMPLOYED	PHYSICIAN						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 812.00						
Full Name (Last, First, Middle Initial) 3. CHARLES GORDON		Date of Receipt					
Mailing Address 7302 HOLLYTREE DRIVE	State 7: Oct	05 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City TYLER	State Zip Code TN 75703	Transaction ID : SA11AI.5865					
FEC ID number of contributing federal political committee.	C 75/03	Amount of Each Receipt this Period 244.00					
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1056.00						
Full Name (Last, First, Middle Initial) CHARLES GORDON		Date of Receipt					
Mailing Address 7302 HOLLYTREE DRIVE		05 28 2014					
City TYLER	State Zip Code TN 75703	Transaction ID : SA11AI.5836 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	203.00					
Name of Employer	Occupation						
SELF EMPLOYED	PHYSICIAN						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	1259.00						
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	650.00					
TOTAL This Period (last page this line number	only)						

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HO	OSPITAL PAC						
Full Name (Last, First, Middle Initial) THOMAS GRAHAM Mailing Address 533 WILDER WAY		Date of Receipt					
Maining Address 333 WILDER WAY		04 01 2014					
City	State Zip Code						
TYLER	TN 75703	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	196.00					
Name of Employer	Occupation						
SELF EMPLOYED	PHYSICIAN						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	784.00						
Full Name (Last, First, Middle Initial) THOMAS GRAHAM		Date of Receipt					
Mailing Address 533 WILDER WAY		05 27 2014					
City	State Zip Code	Transaction ID : SA11AI.5866					
TYLER	TN 75703	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	235.00					
Name of Employer	Occupation						
SELF EMPLOYED	PHYSICIAN						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1019.00						
Full Name (Last, First, Middle Initial) THOMAS GRAHAM		Date of Receipt					
Mailing Address 533 WILDER WAY		05 28 2014					
City	State Zip Code	Transaction ID : SA11AI.5837					
TYLER	TN 75703	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	196.00					
Name of Employer	Occupation						
SELF EMPLOYED	PHYSICIAN						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	1215.00						
SUBTOTAL of Receipts This Page (optional).	•	627.00					
TOTAL This Period (last page this line number	<u> </u>						

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HO	SPITAL PAC					
Full Name (Last, First, Middle Initial) DUANE GRIFFITH Mailing Address 7113 TURNBERRY CIRCLE	DUANE GRIFFITH					
City TYLER	State Zip Code TX 75703	04 01 2014 Transaction ID : SA11AI.5828 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	56.00				
Name of Employer SELF EMPLOYED Receipt For:	Occupation PHYSICIAN Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	224.00					
Full Name (Last, First, Middle Initial) B. DUANE GRIFFITH Mailing Address 7113 TURNBERRY CIRCLE		Date of Receipt				
City TYLER	State Zip Code TX 75703	05 27 2014 Transaction ID : SA11AI.5885 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	67.00				
Name of Employer SELF EMPLOYED Receipt For:	Occupation PHYSICIAN					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 291.00					
Full Name (Last, First, Middle Initial) DUANE GRIFFITH		Date of Receipt				
Mailing Address 7113 TURNBERRY CIRCLE	Chair	05 28 2014				
City TYLER	State Zip Code TX 75703	Transaction ID : SA11AI.5856 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	56.00				
Name of Employer SELF EMPLOYED Beceint For:	Occupation PHYSICIAN					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 347.00					
SUBTOTAL of Receipts This Page (optional)		179.00				
TOTAL This Period (last page this line number	only)					

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HO	OSPITAL PAC	
Full Name (Last, First, Middle Initial) JAMES HARRIS Mailing Address 9243 CHISHOLM TRAIL		Date of Receipt
City TYLER	State Zip Code TX 75703	04 01 2014
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer SELF EMPLOYED Receipt For: Primary General	Occupation PHYSICIAN Aggregate Year-to-Date ▼	
Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) 3. JAMES HARRIS Mailing Address 9243 CHISHOLM TRAIL		Date of Receipt 05 27 2014
City TYLER	State Zip Code TX 75703	Transaction ID : SA11AI.5867 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) JAMES HARRIS		Date of Receipt
Mailing Address 9243 CHISHOLM TRAIL	7: 0	05 28 2014
City TYLER	State Zip Code TX 75703	Transaction ID : SA11AI.5838 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer SELF EMPLOYED Receipt For:	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional).	•	300.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HO	DSPITAL PAC	
Full Name (Last, First, Middle Initial) A. STEUART HEATON		Date of Receipt
Mailing Address 3413 GOLDEN ROAD		04 01 <u>Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y</u>
City	State Zip Code TX 75701	Transaction ID : SA11AI.5821
TYLERT EEC ID number of contributing		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	332.00	
Full Name (Last, First, Middle Initial) 3. STEUART HEATON		Date of Receipt
Mailing Address 3413 GOLDEN ROAD		05 27 2014
City	State Zip Code	Transaction ID : SA11AI.5881
TYLERT	TX 75701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00	
Full Name (Last, First, Middle Initial) STEUART HEATON		Date of Receipt
Mailing Address 3413 GOLDEN ROAD		05 28 2014
City	State Zip Code	Transaction ID : SA11AI.5852
TYLERT	TX 75701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	498.00	
SUBTOTAL of Receipts This Page (optional)		249.00
TOTAL This Period (last page this line number	<u> </u>	

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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HO	OSPITAL PAC	
Full Name (Last, First, Middle Initial) JEFF HUNTER Mailing Address 3415 GOLDEN ROAD		Date of Receipt
		05 27 2014
City	State Zip Code	Transaction ID : SA11AI.5884
TYLER	TX 75701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	260.00	
Full Name (Last, First, Middle Initial) JEFF HUNTER		Date of Receipt
Mailing Address 3415 GOLDEN ROAD	05 28 2014	
City	State Zip Code	Transaction ID : SA11AI.5855
TYLER	TX 75701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	
Full Name (Last, First, Middle Initial) MATT JONES		Date of Receipt
Mailing Address 3414 GOLDEN ROAD		04 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.5820
TYLER	TX 75701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	332.00	
SUBTOTAL of Receipts This Page (optional)		193.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HO	DSPITAL PAC	
Full Name (Last, First, Middle Initial) MATT JONES Mailing Address 3414 GOLDEN ROAD		Date of Receipt
City	State Zip Code	05 27 2014 Transaction ID : SA11Al.5880
TYLER	TX 75701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00	
Full Name (Last, First, Middle Initial) MATT JONES		Date of Receipt
Mailing Address 3414 GOLDEN ROAD	05 28 2014	
City TYLER	State Zip Code TX 75701	Transaction ID : SA11AI.5851 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 498.00	
Full Name (Last, First, Middle Initial) C. JON LEDLIE		Date of Receipt
Mailing Address 6166 QUAIL CREEK		04 01 2014
City TYLER	State Zip Code TX 75703	Transaction ID : SA11AI.5807 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	167.00
Name of Employer	Occupation	
SELF EMPLOYED Receipt For:	PHYSICIAN Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	668.00	
SUBTOTAL of Receipts This Page (optional)	•	333.00
TOTAL This Period (last page this line numbe	r only)	

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HO	SPITAL PAC	
Full Name (Last, First, Middle Initial) A. JON LEDLIE		Date of Receipt
Mailing Address 6166 QUAIL CREEK		05 27 <u>2014</u>
City TYLER	State Zip Code TX 75703	Transaction ID : SA11AI.5886
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	167.00
Name of Employer	Occupation	
SELF EMPLOYED Receipt For:	PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	835.00	
Full Name (Last, First, Middle Initial) 3. JON LEDLIE		Date of Receipt
Mailing Address 6166 QUAIL CREEK	05 28 2014	
City	State Zip Code TX 75703	Transaction ID : SA11AI.5857
TYLER FEC. ID number of contributing		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	167.00
Name of Employer SELF EMPLOYED	Occupation	
Receipt For:	PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1002.00	
Full Name (Last, First, Middle Initial) . JAMES MICHAELS		Date of Receipt
Mailing Address 2013 HOLLY CREEK DR.		04 01 _ 2014 _
City	State Zip Code	Transaction ID : SA11AI.5808
TYLER	TX 75703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	197.00
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	788.00	
SUBTOTAL of Receipts This Page (optional)		531.00
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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HO	SPITAL PAC	
Full Name (Last, First, Middle Initial) JAMES MICHAELS Mailing Address 2013 HOLLY CREEK DR		Date of Receipt
Mailing Address 2013 HOLLY CREEK DR.		05 27 2014
City TYLER	State Zip Code TX 75703	Transaction ID : SA11AI.5868
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	237.00
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1025.00	
Full Name (Last, First, Middle Initial) 3. JAMES MICHAELS		Date of Receipt
Mailing Address 2013 HOLLY CREEK DR.	05 28 2014	
City	State Zip Code	Transaction ID : SA11AI.5839
TYLER	TX 75703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	197.00
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1222.00	
Full Name (Last, First, Middle Initial) . JOHN PRIDDY		Date of Receipt
Mailing Address 17950 TIMOTHY CT.		04 01 2014
City	State Zip Code	Transaction ID : SA11AI.5816
TYLER	TX 75703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	92.00
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	368.00	
SUBTOTAL of Receipts This Page (optional)		526.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (IN Full) TEXAS SPINE AND JOINT H	OSPITAL PAC	
Full Name (Last, First, Middle Initial) JOHN PRIDDY Mailing Address 17950 TIMOTHY CT.		Date of Receipt
		05 27 2014
City	State Zip Code	Transaction ID : SA11AI.5876
TYLER	TX 75703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	110.00
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	478.00	
Full Name (Last, First, Middle Initial) JOHN PRIDDY		Date of Receipt
Mailing Address 17950 TIMOTHY CT.	05 28 2014	
City TVI ER	State Zip Code TX 75703	Transaction ID : SA11AI.5847
TYLER EEC ID number of contributing		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	92.00
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00	
Full Name (Last, First, Middle Initial) TODD RAABE		Date of Receipt
Mailing Address 16987 FM 756		04 01 2014
City WHITEHOUSE	State Zip Code TX 75791	Transaction ID : SA11AI.5809
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 251.00
Name of Employer	Occupation	-
SELF EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1004.00	
SUBTOTAL of Receipts This Page (optional).	>	453.00
TOTAL This Period (last page this line numb	er only)	

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or for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HO	SPITAL PAC	
Full Name (Last, First, Middle Initial) TODD RAABE Mailing Address 16087 FM 756		Date of Receipt
Mailing Address 16987 FM 756		05 27 2014
City WHITEHOUSE	State Zip Code TX 75791	Transaction ID : SA11AI.5869
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	301.00
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	1305.00	
Full Name (Last, First, Middle Initial) TODD RAABE		Date of Receipt
Mailing Address 16987 FM 756	05 28 2014	
City	State Zip Code TX 75791	Transaction ID : SA11AI.5840
WHITEHOUSE		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	251.00
Name of Employer SELF EMPLOYED	Occupation	
Receipt For:	PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1556.00	
Full Name (Last, First, Middle Initial) MARK RENFRO		Date of Receipt
Mailing Address 2737 OLD BULLARD ROAD		04 01 2014
City	State Zip Code	Transaction ID : SA11AI.5810
TYLER	TX 75701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	158.00
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	632.00	
SUBTOTAL of Receipts This Page (optional)		710.00
TOTAL This Period (last page this line number	<u>`</u>	

Use separate schedule(s) for each category of the Detailed Summary Page

				PAGE	2	28	OF	34		
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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT H	OSPITAL PAC	
Full Name (Last, First, Middle Initial) MARK RENFRO Mailing Address 2737 OLD BULLARD ROAL)	Date of Receipt
City TYLER FEC ID number of contributing	State Zip Code TX 75701	05 27 2014 Transaction ID : SA11AI.5870 Amount of Each Receipt this Period 190.00
federal political committee. Name of Employer SELF EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date ▼ 822.00	
Full Name (Last, First, Middle Initial) MARK RENFRO Mailing Address 2737 OLD BULLARD ROAD		Date of Receipt 05 28 2014
City TYLER FEC ID number of contributing federal political committee.	State Zip Code TX 75701	Transaction ID : SA11AI.5841 Amount of Each Receipt this Period 158.00
Name of Employer SELF EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date ▼ 980.00	
Full Name (Last, First, Middle Initial) MICHAEL RUSSELL Mailing Address 5930 BRIXWORTH City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
TYLER FEC ID number of contributing federal political committee. Name of Employer SELF EMPLOYED Receipt For:	TX 75703 C Occupation PHYSICIAN Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 187.00
Primary General Other (specify) ▼	748.00	
SUBTOTAL of Receipts This Page (optional).	>	535.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HO	OSPITAL PAC	
Full Name (Last, First, Middle Initial) MICHAEL RUSSELL Mailing Address 5930 BRIXWORTH		Date of Receipt
	000	05 27 2014
City TYLER	State Zip Code TX 75703	Transaction ID : SA11AI.5871 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	224.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 972.00	
Full Name (Last, First, Middle Initial) MICHAEL RUSSELL Mailing Address 5930 BRIXWORTH		Date of Receipt
City TYLER	State Zip Code TX 75703	05 28 2014
FEC ID number of contributing federal political committee.	C 75/05	Amount of Each Receipt this Period
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1159.00	
Full Name (Last, First, Middle Initial) . WILLIAM SCHREIBER		Date of Receipt
Mailing Address 6407 HOLLYTREE CIRCLE		04 01 _ 2014 _
City TYLER	State Zip Code TN 75703	Transaction ID : SA11AI.5813 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 332.00	
SUBTOTAL of Receipts This Page (optional)		494.00
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HO	OSPITAL PAC	
Full Name (Last, First, Middle Initial) WILLIAM SCHREIBER Mailing Address 6407 HOLLYTREE CIRCLE		Date of Receipt
City TYLER	State Zip Code TN 75703	05 27 2014 Transaction ID : SA11AI.5873 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.00
Name of Employer SELF EMPLOYED Receipt For:	Occupation PHYSICIAN Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate real-to-bate •	
Full Name (Last, First, Middle Initial) WILLIAM SCHREIBER Mailing Address 6407 HOLLYTREE CIRCLE		Date of Receipt
City TYLER	State Zip Code TN 75703	05 28 2014 Transaction ID : SA11Al.5844 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer SELF EMPLOYED Receipt For:	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 498.00	
Full Name (Last, First, Middle Initial) DERRY SCHWARZBACH		Date of Receipt
Mailing Address 8304 COLUMBIA DRIVE		04 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City TYLER	State Zip Code TX 75703	Transaction ID : SA11AI.5814 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer SELF EMPLOYED Receipt For:	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)	•	266.00
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HO	OSPITAL PAC	
Full Name (Last, First, Middle Initial) JERRY SCHWARZBACH Mailing Address 8304 COLUMBIA DRIVE		Date of Receipt
		05 27 2014
City TYLER	State Zip Code TX 75703	Transaction ID : SA11AI.5874 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) 3. JERRY SCHWARZBACH Mailing Address 8304 COLUMBIA DRIVE		Date of Receipt
City TYLER	State Zip Code TX 75703	05 28 2014 Transaction ID : SA11AI.5845 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) CLAIRE TIBILETTI		Date of Receipt
Mailing Address 16690 DRIFTWOOD		04 01 2014
City TYLER	State Zip Code TX 75707	Transaction ID : SA11AI.5815 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	167.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 668.00	
SUBTOTAL of Receipts This Page (optional)		367.00
TOTAL This Period (last page this line number	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)											
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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HO	OSPITAL PAC	
Full Name (Last, First, Middle Initial) A. CLAIRE TIBILETTI Mailing Address 16690 DRIFTWOOD		Date of Receipt
City TYLER FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 75707 C Occupation	7 2014 Transaction ID : SA11AI.5875 Amount of Each Receipt this Period 167.00
SELF EMPLOYED Receipt For: Primary General Other (specify) ▼	PHYSICIAN Aggregate Year-to-Date ▼ 835.00	
Full Name (Last, First, Middle Initial) 3. CLAIRE TIBILETTI Mailing Address 16690 DRIFTWOOD		Date of Receipt 05 28 2014
City TYLER FEC ID number of contributing federal political committee.	State Zip Code TX 75707	Transaction ID : SA11AI.5846 Amount of Each Receipt this Period 167.00
Name of Employer SELF EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date ▼ 1002.00	
Full Name (Last, First, Middle Initial) Mailing Address		Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer	State Zip Code C Occupation	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	334.00
TOTAL This Period (last page this line numbe	r only)	11328.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of osliciting conference of commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name address of any political committee to solicit contributions from such commercial purposes, other than using the name address of any political committee to solicit contributions from such commercial purposes of Disbursement to the purpose of Disbursement to the pur	IEDULE B (FEC Form 3X)	Jse separate schedule(s		NUMBER: PAGE 33 OF 34			
NAME OF COMMITTEE (in Full) TEXAS SPINE AND JOINT HOSPITAL PAC Full Name (Last, First, Middle Initial) A. GEORGE BUSH Mailing Address 1030 15TH STREET NW City Noffice Sought: District 00 Full Name (Last, First, Middle Initial) B. DR MONICA WEHBY FOR US SENATE Mailing Address PO BOX 3375 City State: Office Sought: District Office Sought: Furpose of Disbursement Candidate Name Office Sought: District OR District OR State Disbursement For: Senate Porraident District OR PORTLAND Furpose of Disbursement Candidate Name Office Sought: District OR District OR Primary General Other (specify) ▼ Transaction ID : S823.5891 Amount of Each Disbursement Category/ Type Transaction ID : S823.5895	MIZED DISBURSEMIEN IS for	or each category of the	21b	22 🗶 23			
NAME OF COMMITTEE (in Full) TEXAS SPINE AND JOINT HOSPITAL PAC Full Name (Last, First, Middle Initial) A. GEORGE BUSH Mailing Address 1030 15TH STREET NW City WASHINGTON DC 20005 Purpose of Disbursement Candidate Name Office Sought: Disbursement For: Senate Senate Primary Office Sought: Office Sought: Office Sought: Office Sought: Date of Disbursement Category/ Type Transaction ID : SB23.5897 Amount of Each Disbursement to Category/ Type Date of Disbursement to Category/ Type Transaction ID : SB23.5891 Amount of Each Disbursement Category/ Type Transaction ID : SB23.5891 Amount of Each Disbursement to: Category/ Type Office Sought: Office Sought: Office Sought: Date of Disbursement Candidate Name Category/ Type Office Sought: Office Sought: Date of Disbursement Category/ Type Transaction ID : SB23.5891 Amount of Each Disbursement to Category/ Type Transaction ID : SB23.5891 Transaction ID : SB23.5895							
A. GEORGE BUSH Mailing Address 1030 15TH STREET NW City WASHINGTON Candidate Name Office Sought: President State: Disbursement For: Senate President State: Disbursement For: Primary Office Sought: Candidate Name Office Sought: Disbursement For: Senate Portinary Office Sought: Office Sought: Disbursement For: Senate Portinary Office Sought: Disbursement For: Primary Office Sought: Disbursement Disbursement For: Office Sought: Disbursement Disbursement For: Primary Office Sought: Disbursement Category/ Type Transaction ID: SB23.5887 Transa	AME OF COMMITTEE (In Full)						
Mailing Address 1030 15TH STREET NW City WASHINGTON DC 20005 Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: Senate Primary General Other (specify) Full Name (Last, First, Middle Initial) Candidate Name Office Sought: House Disbursement Category/ Type Transaction ID : SB23.5897 Amount of Each Disbursement the Category/ Type Transaction ID : SB23.5891 Amount of Each Disbursement Date of Disbursement Transaction ID : SB23.5891 Transaction ID : SB23.5891 Amount of Each Disbursement the Category/ Type Transaction ID : SB23.5891 Amount of Each Disbursement the Category/ Type Transaction ID : SB23.5891 Date of Disbursement Disbursement Category/ Type Transaction ID : SB23.5891 Amount of Each Disbursement the Category/ Type Transaction ID : SB23.5891 Transaction ID : SB23.5891 Transaction ID : SB23.5895 City DR MONICA WEHBY FOR US SENATE Mailing Address PO BOX 3375 City DR MONICA WEHBY FOR US SENATE Mailing Address PO BOX 3375 City Senate Primary General Category/ Type Transaction ID : SB23.5895 Amount of Each Disbursement the Category/ Type Transaction ID : SB23.5895 Amount of Each Disbursement the Category/ Type Transaction ID : SB23.5895 City Senate Primary General Category/ Type Transaction ID : SB23.5895 Amount of Each Disbursement the Category/ Type Transaction ID : SB23.5895 City Senate Primary General City Gener	•			Data of Distance			
Mailing Address 1030 15TH STREET NW City	EORGE BUSH						
WASHINGTON Purpose of Disbursement Candidate Name Category/ Office Sought: House Senate Primary General President State: District: 00 Full Name (Last, First, Middle Initial) Candidate Name Category/ Type Date of Disbursement Date of Disbursement Transaction ID : SB23.5887 Amount of Each Disbursement the Senate Primary General Primary General President State: Disbursement Date of Disbursement Transaction ID : SB23.5897 Amount of Each Disbursement Date of Disbursement Transaction ID : SB23.5891 Date of Disbursement Transaction ID : SB23.5891 Amount of Each Disbursement Transaction ID : SB23.5891 Date of Disbursement Transaction ID : SB23.5891 Amount of Each Disbursement Transaction ID : SB23.5891 Date of Disbursement Transaction ID : SB23.5891 Date of Disbursement Transaction ID : SB23.5891 Transaction ID : SB23.5895 Transaction ID : SB23.5897	ailing Address 1030 15TH STREET NW						
Purpose of Disbursement Candidate Name Office Sought:		·		Transaction ID :	SB23.5887		
Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District: 00 Full Name (Last, First, Middle Initial) B. DR MONICA WEHBY FOR US SENATE Mailing Address PO BOX 3375 City PORTLAND OR 97208 Purpose of Disbursement Candidate Name Category/ Type Transaction ID: SB23.5891 Amount of Each Disbursement Initial) C. DR MONICA WEHBY FOR US SENATE Mailing Address PO BOX 3375 Office Sought: House Primary General Other (specify) ▼ State: OR District: 00 Full Name (Last, First, Middle Initial) C. DR MONICA WEHBY FOR US SENATE Mailing Address PO BOX 3375 City State Zip Code OR 97208 Purpose of Disbursement Candidate Name Category/ Type Transaction ID: SB23.5895 Date of Disbursement Category/ Type Transaction ID: SB23.5895 Amount of Each Disbursement In Category/ Type Transaction ID: SB23.5895 Amount of Each Disbursement In Category/ Type Transaction ID: SB23.5895 Amount of Each Disbursement In Category/ Type Transaction ID: SB23.5895 Amount of Each Disbursement In Category/ Type Transaction ID: SB23.5895 Transaction ID: SB23.5895 Amount of Each Disbursement In Category/ Type Transaction ID: SB23.5895 Amount of Each Disbursement In Category/ Type Transaction ID: SB23.5895 Transaction ID: SB23.5895 Amount of Each Disbursement In Category/ Type Transaction ID: SB23.5895 Transaction ID: SB23.5895		20005					
Office Sought:				Amount of Each [Disbursement this Period		
Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) B. DR MONICA WEHBY FOR US SENATE Mailing Address PO BOX 3375 City State Zip Code PORTLAND OR 97208 Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Persident Other (specify) ▼ Transaction ID : SB23.5891 Transaction ID : SB23.5891 Amount of Each Disbursement the Category/ Type Transaction ID : SB23.5891 Date of Disbursement Category/ Type Transaction ID : SB23.5891 Transaction ID : SB23.5891 Transaction ID : SB23.5891 Transaction ID : SB23.5895	andidate Name				5000.00		
Full Name (Last, First, Middle Initial) B. DR MONICA WEHBY FOR US SENATE Mailing Address PO BOX 3375 City PORTLAND Office Sought: State: OR District: 00 Full Name (Last, First, Middle Initial) C. DR MONICA WEHBY FOR US SENATE Mailing Address PO BOX 3375 Date of Disbursement Transaction ID: SB23.5891 Amount of Each Disbursement the Category/ Type Other (specify) Date of Disbursement Transaction ID: SB23.5891 Amount of Each Disbursement the Category/ Type Date of Disbursement the Category/ Type Date of Disbursement the Category/ Type Transaction ID: SB23.5895 Date of Disbursement Date of Disbursement the Category/ Type Transaction ID: SB23.5895 Transaction ID: SB23.5895 Amount of Each Disbursement the Category/ Type Office Sought: House Senate President Senate President Office Sought: House Disbursement For: Primary General Other (specify) Other (specify) Other (specify) Transaction ID: SB23.5895 Other (specify) Other (specify) Transaction ID: SB23.5895	Senate Prim	mary General	7	,	,		
B. DR MONICA WEHBY FOR US SENATE Mailing Address PO BOX 3375 City State Zip Code PORTLAND OR 97208 Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. DR MONICA WEHBY FOR US SENATE Mailing Address PO BOX 3375 City State Zip Code Other (specify) ▼ Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Transaction ID: SB23.5891 Date of Disbursement Date of Disbursement Date of Disbursement Category/ Type Transaction ID: SB23.5895 Transaction ID: SB23.5895 Amount of Each Disbursement the Category/ Type Office Sought: House Primary General Other (specify) ▼ State: OR District: 00 Disbursement the Category/ Type Transaction ID: SB23.5895 Amount of Each Disbursement the Category/ Type Office Sought: House Primary General Other (specify) ▼ State: OR District: 00							
Mailing Address PO BOX 3375 City		\ TЕ					
PORTLAND Purpose of Disbursement Candidate Name Category/ Type Office Sought: House President Other (specify) State: OR District: 00 Full Name (Last, First, Middle Initial) C. DR MONICA WEHBY FOR US SENATE Mailing Address PO BOX 3375 City State Zip Code PORTLAND OR 97208 Porpose of Disbursement Candidate Name Candidate Name Candidate Name Disbursement For: Category/ Type Transaction ID: SB23.5895 Amount of Each Disbursement Transaction ID: SB23.5895 Amount of Each Disbursement the Category/ Type Office Sought: House Primary General Other (specify) State: OR District: 00	ailing Address PO BOX 3375						
Candidate Name Category/ Type Office Sought: House Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. DR MONICA WEHBY FOR US SENATE Mailing Address PO BOX 3375 City State Zip Code PORTLAND OR 97208 Purpose of Disbursement Candidate Name Candidate Name Category/ Type Amount of Each Disbursement the Disbursement For: Category/ Type Transaction ID : SB23.5895 Amount of Each Disbursement the Category/ Type Transaction ID : SB23.5895 Amount of Each Disbursement the Category/ Type Office Sought: House Primary General Other (specify) ▼ State: OR District: 00	ORTLAND OR			Transaction ID	: SB23.5891		
Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. DR MONICA WEHBY FOR US SENATE Mailing Address PO BOX 3375 City State Zip Code OR 97208 PORTLAND OR 97208 Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: OR District: 00 Transaction ID: SB23.5895 Amount of Each Disbursement the Other (specify) ▼ State: OR District: 00	rpose of Dispursement			Amount of Each [Disbursement this Period		
State: OR District: 00 Full Name (Last, First, Middle Initial) C. DR MONICA WEHBY FOR US SENATE Mailing Address PO BOX 3375 City State Zip Code PORTLAND OR 97208 Purpose of Disbursement Candidate Name Candidate Name Category/ Type Office Sought: House President Other (specify) ▼ State: OR District: 00					1000.00		
City State Zip Code PORTLAND OR 97208 Purpose of Disbursement Candidate Name Candidate Name Category/ Type Office Sought: House President Primary General President Other (specify) ▼ State: OR District: 00 Date of Disbursement Transaction ID: SB23.5895 Amount of Each Disbursement the General Other (specify) ▼	Senate Prim President Other	mary General					
Mailing Address PO BOX 3375 City State Zip Code PORTLAND OR 97208 Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Primary General President President Other (specify) ▼ State: OR District: 00 Transaction ID: SB23.5895 Amount of Each Disbursement the General Other (specify) ▼	,	ATE		Date of Disburser	ment		
PORTLAND OR 97208 Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate President President State: OR District: 00 ITansaction ID: SB23.5895 Amount of Each Disbursement the General Other (specify) Other (specify)	ailing Address PO BOX 3375						
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: OR District: 00				Transaction ID :	: SB23.5895		
Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: OR District: 00	· · · · - · · · -	0.200					
Senate Primary General Other (specify) ▼ State: OR District: 00	andidate Name			Amount of Each [Disbursement this Period 1500.00		
77	Senate Prim President Other	mary General					
TOTAL This Period (last page this line number only)	TOTAL of Disbursements This Page (optional)		<u> </u>		7500.00		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 34 OF 34			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	only one)			
	Detailed Summary Page	21b		24 25 26		
Г		27		28c 29 30b		
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NAME OF COMMITTEE (In Full)	and address of any politic		SSOR SOME DATE OF TOTAL	3337 337771111100.		
TEXAS SPINE AND JOINT HOSI	PITAL PAC					
/ 12,0,10 OF IIVE 7,110 0011V1 11001	TITALITAG					
Full Name (Last, First, Middle Initial)						
A. FRIENDS OF JEB HENSARLING	i		Date of Disbursement			
Mailing Address PO BOX 820504			04 21	2014		
Walling Address FO BOX 820304			04 21	2014		
City	State Zip Code		Transaction ID - CD	22.5705		
DALLAS	TX 75382		Transaction ID : SB2	23.5795		
Purpose of Disbursement			Amount of Fook Disk			
Candidate Name			Amount of Each Disbu	irsement this Period		
Carradate Name		Category/ Type		1000.00		
Office Sought:	ement For:	.,,,,		,		
Senate	Primary General					
President	Other (specify) ▼					
State: TX District: 05						
Full Name (Last, First, Middle Initial) B. ROLINDS FOR SENATE			Data of Diaburaament			
B. ROUNDS FOR SENATE			Date of Disbursement			
Mailing Address PO BOX 250			06 12	2014		
5 1625/1255						
City	State Zip Code		Transaction ID : SB	23.5893		
PIERRE Purpose of Disbursement	SD 57501					
Turpose of Bissursoment			Amount of Each Disbu	rsement this Period		
Candidate Name		Category/				
		Type		1000.00		
	ement For:					
Senate President	Primary General					
State: SD District: 00	Other (specify)					
Full Name (Last, First, Middle Initial)						
C. VANILA SINGH FOR CONGRES	S 2014		Date of Disbursement			
	C 2 011		M M / D D /	Y Y Y Y		
Mailing Address PO BOX 14037			05 15	2014		
City	State Zip Code					
FREMONT	CA 94539		Transaction ID : SB2	23.5889		
Purpose of Disbursement						
		L II	Amount of Each Disbu	rsement this Period		
Candidate Name		Category/		2000.00		
Office Sought: House Disburs		Type		2000.00		
Office Sought: House Disburs Senate	ement For: Primary General					
President	Other (specify)					
State: CA District: 17						
SUBTOTAL of Disbursements This Page (optional)				4000.00		
		·		11500.00		
TOTAL This Period (last page this line number only	y)	·····•		11500.00		